

CLAIM OF EXEMPTION

State Form 53265 (R / 6-07) / Form LB 5
Approved by State Board of Accounts, 2007

Explanation and Instructions

A *person* claiming an exemption from the licensing and registration requirements of the Indiana Loan Broker Act pursuant to Indiana Code § 23-2-5-19(a)(8) must file this claim with the Indiana Secretary of State, Securities Division. Before completing this form, you should read and be familiar with the Indiana Loan Broker Act, codified in Indiana Code Chapter 23-2-5 and the rules relating to the Act which are contained in Indiana Administrative Code Chapter 710 IAC 1-22. You may access the statutes and rules through the Division's website: www.sos.IN.gov/securities.

This properly completed form must be accompanied by:

- \$200 non-refundable fee, payable to the "Indiana Secretary of State";
- Names of all employees conducting *origination activities* in Indiana;
- List of the address(s) of all branch offices located, or engaging in *origination activities* in Indiana; and
- Evidence supporting the claim of exemption.
- DO NOT include the instructions (pages 1-3 of this form).

A PERSON WHO KNOWINGLY FILES WITH THE COMMISSIONER ANY DOCUMENT OR STATEMENT THAT CONTAINS A FALSE REPRESENTATION OF A MATERIAL FACT IS SUBJECT TO THE IMPOSITION OF A CIVIL PENALTY OF UP TO \$10,000 PER VIOLATION; AND CHARGED WITH A CLASS C FELONY WHICH IS PUNISHABLE BY A FINE UP TO \$10,000 PER VIOLATION AND UP TO EIGHT (8) YEARS OF IMPRISONMENT.

If the space provided for any answer is inadequate, complete your answer on a separate sheet, specifying the question to which it relates and attach this sheet to the application. For each additional sheet you provide, sign and list the *exempt loan broker's* name.

Mail the properly completed form along with any supporting documentation to the following address:

**Indiana Secretary of State
Securities Division
302 W. Washington St., Room E – 111
Indianapolis, Indiana 46204**

To submit the properly completed form and any supporting documentation in *person*, deliver to the following address:

**Indiana Secretary of State
Business Services Division
302. W. Washington St., Room E – 018
Indianapolis, Indiana 46204**

THE INDIANA SECURITIES DIVISION HAS NOT IN ANY WAY PASSED UPON THE ACCURACY OR ADEQUACY OF THIS CLAIM OF EXEMPTION FROM INDIANA CODE 23-2-5. ANY REPRESENTATION TO THE CONTRARY IS A CRIMINAL OFFENSE.

A. GENERAL INSTRUCTIONS

1. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases used throughout this State Form 53265/Form LB 5.
2. **AMENDMENTS** – Pursuant to Indiana Code § 23-2-5-19(e) the *exempt loan broker* must notify the Indiana Secretary of State, Securities Division of a change in any information contained in this form by submitting amendments using State Form 53265/Form LB 5. Complete the Sections 1(A) and 3, and, **circle** (or otherwise identify) and complete the item(s) being amended. For name or address amendments, the *exempt loan broker* must submit the required evidence listed on page three (3) of this form reflecting the new name or address.
3. **TERMINATE / CANCEL**– When an *exempt loan broker* decides to cease operations under the exemption, use the State Form 53265/Form LB 5 to notify the Indiana Secretary of State, Securities Division by checking the "Terminate/Cancel" box and completing only Sections 1(A) and 3.

B. SECTION INSTRUCTIONS:

Section 1 - NAME AND CONTACT INFORMATION:

Complete each line. The name on file will appear **exactly** as reported in 1(A). All correspondence will be sent to the address reported in 1(B). List the full legal names under which loan broker business will be conducted in the State of Indiana. The individual listed as the *contact employee* must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the loan broker's organization.

Section 2 – VERIFICATION FOR SUBMISSION OF REQUIRED EVIDENCE FOR CLAIM OF EXEMPTION

Check the box that applies.

Section 3 – VERIFICATION

By signing the verification, the *exempt loan broker* is affirming that the information appearing in this form is true and complete.

Schedule A – ORIGINATORS

List the full legal name, business address, and business telephone number for each employee conducting *origination activities* in Indiana.

Schedule B – BRANCH OFFICES

List the address, telephone number, and name (if different from 1(A)) of each branch office located or engaging in *origination activities* in Indiana. ***Exempt loan broker must submit evidence that shows the claim of exemption extends to each branch office listed.***

C. EXPLANATION OF TERMS

CONTACT EMPLOYEE – The individual authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization

EXEMPT LOAN BROKER – Any *person* authorized to: (1) sell and service a loan for the Federal National Mortgage Association or the Federal Home Loan Mortgage Association, (2) issue securities backed by the Government National Mortgage Association, (3) make loans insured by the United States Department of Housing and Urban Development or the United States Department of Agriculture Rural Housing Service, (4) act as a supervised lender or non-supervised automatic lender of the United States Department of Veterans Affairs, (5) or act as a correspondent of loans insured by the United States Department of Housing and Urban Development, **if the *person* closes at least twenty-five (25) such insured loans in Indiana during each calendar year**

ORIGINATOR – A *person* engaged in *origination activities*.

ORIGINATION ACTIVITIES - Means communication with or assistance of a borrower or prospective borrower in the selection of loan products or terms

PROOF OF EXEMPTION – see attached “Required Proof for Filing an Exemption” on page 3 of this notification form.

PERSON – An individual, a partnership, a trust, a corporation, a limited liability company, a limited liability partnership, a sole proprietorship, a joint venture, a joint stock company, or another group or entity, however organized.

Required Evidence for Claiming an Exemption

<u>If claiming a:</u>	<u>Then evidence must include:</u>
Fannie Mae (Federal National Mortgage Association) exemption	copy of letter from Fannie Mae stating the loan broker is “authorized to sell and service loans for the Federal National Mortgage Association”
Freddie Mac (Federal Home Loan Mortgage Corporation) exemption	copy of letter from Freddie Mac stating the loan broker is “authorized to sell and service loans for the Federal Home Loan Mortgage Corporation
Ginnie Mae (Government National Mortgage Association) exemption	copy of letter from Ginnie Mae stating the loan broker is “authorized to issue securities backed by the Government National Mortgage Association”
HUD (United States Department of Housing and Urban Development) exemption	<p>copy of letter from HUD stating the loan broker is “authorized to make loans insured by the United States Department of Housing and Urban Development (or HUD)”</p> <p>-or-</p> <p>copy of letter from HUD stating the loan broker is “authorized to act as a correspondent of loans insured by the United States Department of Housing and Urban Development (or HUD)” (loans insured by HUD are FHA loans)</p> <p>-AND-</p> <p>a statement of the number of HUD insured loans that the loan broker has closed during the last calendar year and during the current year as of the last practicable date.</p>
VA (United States Department of Veterans Affairs) exemption Note: Pursuant to Indiana Code § 23-2-5-19(f) an exemption that applies to a <i>person</i> under Indiana Code § 23-2-5-19(a)(8)(D) does not extend to a registered United States Department of Veterans Affairs agent.	<p>copy of letter from VA stating the loan broker is “authorized to act as a supervised lender of the United States Department of Veterans Affairs (or VA)”</p> <p>-or-</p> <p>copy of letter from VA stating the loan broker is “authorized to act as a nonsupervised automatic lender of the United States Department of Veterans Affairs (or VA)”</p>

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Approved by State Board of Accounts, 2007Todd Rokita
Indiana Secretary of State
Securities Division
302. W. Washington Street, E-111
Indianapolis, Indiana 46204
(317) 232-6681

Date (MM/DD/YYYY)	
<input type="checkbox"/> Initial Notification	<input type="checkbox"/> Amendment <i>To amend, circle or identify item(s) being amended</i>
<input type="checkbox"/> Terminate/Cancel	<input type="checkbox"/> Renewal Notification

SECTION 1. NAME AND CONTACT INFORMATION:

(A) Name of Loan Broker Business		
(B) List all names under which loan broker business will be conducted in Indiana		
(C) FOR AMENDMENTS ONLY (if loan broker's name has changed, enter the previous name in Section 1(A) and the new name here)		
(D) Street Address of Principal Office (Do not use a P.O. Box)		
City	State	Zip+4/Postal Code
(E) Mailing Address, if different from Principal Office address (May use P.O. Box)		
City	State	Zip +4/Postal Code
(F) Telephone Number		(G) Fax Number
(H) <i>Contact Employee:</i>		
Last Name	First Name	Middle Name
(I) E-mail Address for <i>Contact Employee</i>		

SECTION 2. VERIFICATION FOR SUBMISSION OF REQUIRED EVIDENCE FOR CLAIM OF EXEMPTION

Is the evidence supporting claim of exemption attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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SECTION 3. VERIFICATION:

I, _____, do solemnly swear or affirm that:	
A. each employee conducting <i>origination activities</i> in the State of Indiana on behalf of the <i>exempt loan broker</i> is listed on Schedule A of this form; and	
B. the information appearing in this form and the attached documents hereto is true, accurate, and complete to the best of my knowledge.	
Signature	
Title	Date (MM/DD/YYYY)

**SCHEDULE A
ORIGINATORS**

Exempt Loan Broker's Full Legal Name

(A) Full Name of *Originator*

Last Name

First Name

Middle Name

Date of Birth (MM/DD/YYYY)

Business Address of *Originator*

City

State

Zip+4/Postal Code

Business Telephone Number

(B) Full Name of *Originator*

Last Name

First Name

Middle Name

Date of Birth (MM/DD/YYYY)

Business Address of *Originator*

City

State

Zip+4/Postal Code

Business Telephone Number

(C) Full Name of *Originator*

Last Name

First Name

Middle Name

Date of Birth (MM/DD/YYYY)

Business Address of *Originator*

City

State

Zip+4/Postal Code

Business Telephone Number

(D) Full Name of *Originator*

Last Name

First Name

Middle Name

Date of Birth (MM/DD/YYYY)

Business Address of *Originator*

City

State

Zip+4/Postal Code

Business Telephone Number

USE ADDITIONAL FORMS AS NEEDED

SCHEDULE B
BRANCH OFFICE LOCATIONS

Exempt Loan Broker's Full Legal Name

(A) Name(s)

Address of Branch Office

City

State

Zip+4/Postal Code

Telephone Number

(B) Name(s)

Address of Branch Office

City

State

Zip+4/Postal Code

Telephone Number

(C) Name(s)

Address of Branch Office

City

State

Zip+4/Postal Code

Telephone Number

(D) Name(s)

Address of Branch Office

City

State

Zip+4/Postal Code

Telephone Number

(E) Name(s)

Address of Branch Office

City

State

Zip+4/Postal Code

Telephone Number

USE ADDITIONAL FORMS AS NEEDED